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Subject: Cystic Fibrosis Prescription Payments

Effective Date: July 1, 2010

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**Procedures:**

For persons in the CYSHCN program with Cystic Fibrosis who DO NOT have insurance and are not 100% eligible, the CYSHCN program will authorize the pharmacy to bill the CYSHCN program for prescription medicine. A copy of the prescription invoice will be mailed to the person/family which includes the % reimbursement due to the CYSHCN program payable within 60 days.

Families who DO NOT reimburse the CYSHCN program within 60 days shall not be allowed to continue to have prescription medicine billed to the CYSHCN program until their reimbursement is received. The Public Health Nurse must be notified if reimbursements are not made within 60 days. She will contact the pharmacy and notify them that prescriptions may not be billed to the CYSHCN program at that time. Any person/family who fails to reimburse the CYSHCN program their applicable % within the required 60 days 2x within any calendar year shall not be allowed to receive prescription medicine coverage through the CYSHCN program until their application renewal for the following year. The Public Health Nurse must be notified if applicable reimbursements are not received, and she will contact the pharmacy to discontinue CYSHCN pharmacy coverage for the remainder until all information has been received for the annual update/renewal.